



## SANTA ROSA CITY SCHOOL DISTRICT

### MIDDLE SCHOOL

## 2024-2025 STUDENT ATHLETIC CLEARANCE PACKET

### ATHLETIC MISSION STATEMENT

Santa Rosa City Schools believe that Interscholastic Athletics plays a major role in the education process that strives to provide a challenging, meaningful and exciting experience for the student-athlete. Interscholastic Athletics offers students the opportunity to experience interpersonal growth and social development as well as to improve physical and mental health. It also fosters a sense of commitment, respect, teamwork, pride and sportsmanship.

Santa Rosa City Schools desires to provide a safe school environment that allows all students equal access to and opportunities in the district's academic, extracurricular, and other educational support programs, services, and activities. The District prohibits, at any district school or school activity, unlawful discrimination, including discriminatory harassment, intimidation, and bullying, targeted at any student by anyone, based on the student's actual or perceived race, color, ancestry, nationality, national origin, immigration status, ethnic group identification, ethnicity, age, religion, marital status, pregnancy, parental status, physical or mental disability, medical condition, sex, sexual orientation, gender, gender identity, gender expression, or genetic information, or association with a person or group with one or more of these actual or perceived characteristics. (BP 5145.3)

For questions or complaints, contact Equity Compliance Officer: Vicki Zands, Assistant Superintendent HR, (707) 890-3800, vzands@srcs.k12.ca.us.; Title VI / Title IX Coordinator: Stacy Desideri, Executive Director, (707) 890-3800, sdesideri@srcs.k12.ca.us; and Section 504 Coordinator: Angela Bonner, (707) 890-3800, abonner@srcs.k12.ca.us.

#### I. PROCEDURE FOR COMPLETING ATHLETIC CLEARANCE:

The following information must be signed by the parent/guardian and student to be personally handed to the athletic director for approval prior to tryouts. When the athletic director has completed the approval process he/she will notify the coach as to the eligibility status of the student. The coach will then notify the student that they have been approved to participate in tryouts. **No student is allowed to participate in a tryout, practice, or athletic contest until this process is completed and turned in to the athletic director.**

**(CHECK LIST) Return all signed and completed forms to the Athletic Director.**

- \_\_\_\_\_ 1. A signed and completed Verification of Receiving, Reading and Understanding Form
- \_\_\_\_\_ 2. A signed and completed form of the social media agreement
- \_\_\_\_\_ 3. A signed and dated form of the Assumption of Risk and Waiver related to COVID 19
- \_\_\_\_\_ 4. A signed and dated Student Application Form, Parent Permission Form, Physician's Statement of Student Certification. The signed and dated Physician's Statement must be on the Physician's Letterhead which states that the prospective student athlete is approved to participate on school sponsored athletic teams.  
**MUST BE SIGNED BY JUNE 1 OF THE PARTICIPATION SEASON.**
- \_\_\_\_\_ 5. A signed and dated Athletic Insurance Information Statement, Emergency Procedure/ Disaster Authorization, Optional Emergency Treatment Authorization, and Permission to Transport Son/Daughter.
- \_\_\_\_\_ 6. CIF Heat Illness Information Sheet

#### II. PHYSICAL EXAMINATION INFORMATION:

The physical Examination must be dated **June 1 or later for the current school year**. The physical examination is valid until July 1 of the same school year (i.e., A physical examination for the 2024-25 school year is valid until July 2025.).

The physical examination must be conducted by a medical doctor, nurse practitioner or osteopath. **Any physical performed by a Chiropractor will not be accepted.**

**IV. ATHLETIC DONATIONS WILL BE ACCEPTED TO HELP FINANCE OUR ATHLETIC PROGRAM.**

**NOTE:**

It is very important that you hand in the above requested documents at least a week or two before the beginning of the sport season. With the number of student- athletes and sports provided each season, it will normally take the athletic directors at least a week to process all the information. If you turn in the information on the first day of practice you will more than likely miss at least the first week of practice.

**SANTA ROSA CITY SCHOOLS  
Middle School Athletic Organization**

**Middle School Leagues: North Valley League & West County League**

The Santa Rosa City Middle Schools will be competing in the North Valley League and West County League in 7th and 8th Grade Girls and Boys Basketball, Volleyball and Wrestling for the 2024-25 school Year. They will be competing in their Santa Rosa City Middle School League in Cross Country and Track.

**North Valley League Schools:** Santa Rosa, Rincon Valley and Slater will compete in this league for 7th and 8th Girls and Boys Basketball and Volleyball. Santa Rosa, Rincon Valley, Slater, CCLA and Comstock will compete in this league for 7<sup>th</sup> and 8<sup>th</sup> grade wrestling. The schools competing in this league are:

Adele	Altimira	Comstock	CCLA
Healdsburg	Tech Middle	Kenilworth	Petaluma
Rincon Valley	Santa Rosa	Slater	Robert Lewis Stevenson
Lawrence Jones	Washington	Windsor	Calistoga
Cali Calmecac			

**West County League Schools:** CCLA & Comstock will be competing in this league for 7th and 8th Grade Girls and Boys Basketball and Volleyball. The schools competing in this league are:

RAMS - Roseland	Cesar Chavez Language Academy	Forestville
RC Prep - Roseland	Hilliard Comstock	Geyserville
Willowside - Santa Rosa	Windsor	Guerneville
Brookhaven - Sebastopol	Twin Hills	
Hillcrest	Cali Calmecac	

**Santa Rosa City Schools League:** The Santa Rosa City Schools will compete against each other in:

- 7th & 8th Grade Girls and Boys Cross Country
- 7th & 8th Grade Girls and Boys Track

**STARTING AND ENDING DATES FOR EACH SPORT**

Schools	Starting	Ending	Seasons	Sports
RV, SR, Slater	8/21	10/27	Fall	7th & 8th Grade Girls Basketball - North Valley
CCLA, Com.	8/21	10/17		7 <sup>th</sup> & 8 <sup>th</sup> Grade Girls Basketball – West County
All	8/21	10/22		7th & 8th Grade Cross Country (Co-Ed) - SRCS League
			Winter	
RV, SR, Slater	10/21	1/15		7th & 8th Grade Boys Basketball - North Valley
RV, SR, Slater	10/21	1/15		7th & 8th Grade Girls Volleyball - North Valley
Com., CCLA	11/12	1/31		7th & 8th Grade Girls Volleyball - West County
Com., CCLA	1/6	3/8		7th & 8th Grade Boys Basketball - West County
All	1/21	3/8		7th & 8th Grade Wrestling (Co-Ed) – North Valley
			Spring	
All	3/24	5/7		7th & 8th Grade Track & Field (Co-Ed) - SRCS League

## SANTA ROSA CITY SCHOOLS

### NOTICE OF SERIOUS, CATASTROPHIC AND PERHAPS FATAL ACCIDENTS

The Santa Rosa City School District provides an extensive athletic program and makes every effort to ensure that the program is educational, beneficial, and as safe as possible for students. Yet, by its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents may occur.

Many forms of athletic competition result in physical contact among players, strenuous physical exertion, use of equipment that may result in accidents and numerous other exposures to risk of injury.

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as riding a bicycle involves choice of risk, athletic participation by middle school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization, and must refrain from improper uses and techniques.

I understand and acknowledge that in order to participate in athletics; I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities. I also understand, acknowledge and agree that the District, its employees, officials, agents or volunteers shall not be held liable for injuries/illness suffered incidental to and/or associated with preparing for and /or participating in athletic activities. I further waive, release and discharge them from any further claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction in said activity that is incidental thereto.

If any of the foregoing is not completely understood, please contact your school principal for further information.

## SANTA ROSA CITY SCHOOLS

### ACADEMIC REQUIREMENTS FOR EXTRA-CURRICULAR ACTIVITIES

In order to participate in co-and extracurricular activities, student must:

1. Be proceeding toward successful completion of their course of study.
2. Meet athletic eligibility requirements which shall be determined four times yearly - at the end of the first quarter, semester, third quarter, and second semester.
3. Maintain at least a "C" average or, if a "C" average is not maintained, successfully complete an academic probationary period.
4. Not have been suspended for violation of education code 48900, 48900.2, 28900.3, 48900.4, 48900.7, as described in A.R. 6145.1.

#### Academic Probation

1. According to SRCS A.R. 6145, students must maintain a 2.0 GPA, on a 4.0 scale, to be eligible for participation in interscholastic athletics. Students with a GPA of 1.4 - 1.99 may request that they participate in an Academic Probation process to assist with eligibility. The timelines for requesting the Academic Probation process are identified below:
  - a. Middle school students who do not achieve a "C" average (2.0) in the grading period (quarter) previous to participation in an activity but have at least a 1.4 grade point average shall be deemed to be on probation for the current season of sport until the first league contest.
  - b. Middle school students who do not achieve a "C" average (2.0) during a grading period (quarter) that falls in the middle of the season (NVL and West County Leagues) they will be removed from the team if their GPA falls below a 1.4 or will be put on academic probation for the remainder of the season if they fall between 1.4-1.99.
    - i. In both circumstances this will be their one use of academic probation for the year. During the period of probation, a student may participate fully in the activity. If, at the end of the probationary period, the student does not achieve a "C" average (2.0) the student shall be ineligible for the remainder of the season. Special circumstances must be approved by both the Athletic Director and the Principal.3
2. For purposes of this policy, a grading period for middle school students shall be defined as a quarter/semester. For middle school students, eligibility shall be determined by the quarter/semester grades.
3. A student may have probationary status only once a school year.

## SANTA ROSA CITY SCHOOLS

### CITIZENSHIP STANDARDS AND SERIOUS INFRACTIONS EXPLANATION

The following policies apply to all students involved in extracurricular activities. If you have any questions, please talk to your coach, athletic director, or the administrator at your school who oversees the athletic program.

#### CITIZENSHIP STANDARDS

While there are citizenship standards applicable to all students, higher standards are expected of student athletes because the community and other students recognize these students as models and leaders.

1. Any student who commits a violation of Education Code 48900 that results in suspension is automatically removed from participation in athletics/activities and all related practices for the duration of the suspension. (See your school handbook or Board Policy and Administrative Regulations 5114.13 and 5114.13.1 for a list of suspendable offenses.) (See the Santa Rosa City Schools Website- ([www.srchools.org](http://www.srchools.org))).
2. Prior to the imposition of penalties as described above, the parent/guardian and student will be provided an opportunity to have a conference with school officials to present their side of the case and to comment on the offense and penalty involved.
3. Each district school and each coach/athletic director is authorized to seek and enforce reasonable standards of conduct and reasonable penalties for violation thereof. These must be in writing and are subject to the approval of the school athletic director and the principal or designee.
4. In order to be eligible to practice or participate in an activity on any school day, participants must be in school for a full day. Exceptions to this rule will be allowed in unusual cases if cleared through the school principal or designee. Advance notice is preferred, if possible.
5. Students must participate, without limitations, in physical education to be able to participate in after school activities/sports.

B. It is the responsibility of the principal or designee to insure that:

1. Each coach/activity sponsor reviews these regulations with each team/club/group at the beginning of each sport or activity each year.
2. Effort is made to notify students and parents/guardians of these regulations annually in writing.

#### SERIOUS INFRACTIONS - EDUCATION CODE 48900

Infractions of Education Code 48900 for which students may be suspended are listed in the Parental Annual Notice in Section "Excerpts from California Education Code".

A pupil may be suspended or expelled for acts listed above and related to school activity or attendance which occur at any time, including, but not limited to, any of the following:

1. While on school grounds.
2. While going to or coming from School.
3. During lunch period, whether on or off campus
4. During, or while going to or coming from, a school sponsored activity.

## **HAZING**

### **Education Code 32050**

As used in this article, "hazing" includes any initiation or pre-initiation into a student organization or any pastime or amusement engaged in with respect to such an organization, which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any student or other person attending any school, community college, college, university, or other educational institution in this state; but the term "hazing" does not include customary athletic events, or other similar contests or competitions.

### **Education Code 32051**

No student, or other person in attendance at any public, private, parochial, or military school, community college, college, or other educational institution, shall conspire to engage in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student, or person attending the institution. The violation of this section is a misdemeanor, punishable by a fine of not less than one hundred dollars (\$100), nor more than five thousand dollars (\$5,000), or imprisonment in the county jail for not more than one year, or both.

### **Santa Rosa City School Board Policy 6145.5(a)**

No student shall conspire in hazing, participate in hazing, or commit any act that causes or is likely to cause bodily physical harm or personal degradation or disgrace resulting in physical or mental harm to any fellow student or person. Persons violating this policy shall be subject to district discipline, misdemeanor penalties, and forfeiture of entitlements.

## **ANABOLIC STEROIDS AND ILLEGAL DRUGS**

As a condition stated by the governing board of the Santa Rosa City School District a Board Policy prohibiting the use of anabolic steroids and illegal drugs.

Student-athletes and parents/guardians recognition of this requirement is an agreement that the student-athlete not use androgen/anabolic steroids or other illegal drugs without a written prescription of a fully licensed physician as recognized by the American Medical Association, to treat a medical condition.

Student-athletes must also recognize that under the Board Policy of the Santa Rosa City Schools the student may be subject to penalties including ineligibility to participate in Middle School Athletics. Also, if the student or parent/guardian provides false or fraudulent information to the Santa Rosa City School District, the student-athlete will not be eligible to participate for one year. We understand that the Santa Rosa City School District policy regarding the use of illegal drugs will be enforced for any violations of these rules. Violations of the rules will result in discipline measures for him/her. These measures may include, but are not limited to restriction from athletics, suspension or expulsion.

## GUIDELINES FOR GENDER IDENTITY PARTICIPATION

**GENDER IDENTITY PARTICIPATION** - All students should have the opportunity to participate in CIF activities in a manner that is consistent with their gender identity, irrespective of the gender listed on a student's records. The student and/or the student's school may seek review of the student's eligibility for participation in interscholastic athletics in a gender that does not match the gender assigned to him or her at birth, via the following procedure below should either the student or the school have questions or need guidance in making the determination.

Once the student has been granted eligibility to participate in interscholastic athletics consistent with his/her gender identity, the eligibility is granted for the duration of the student's participation and does not need to be renewed every sports season or school year. All discussion and documentation will be kept confidential, and the proceedings will be sealed unless the student and family make a specific request.

1. **NOTICE TO THE SCHOOL:** The student and/or parents shall contact the school administrator or athletic director indicating that the student has a consistent gender identity different than the gender listed on the student's school registration records, and that the student desires to participate in activities in a manner consistent with his/her gender identity.
2. **NOTICE TO THE CIF:** The school administrator shall contact the CIF office, which will assign a facilitator who will assist the school and student in preparation and completion of the CIF Gender Identity eligibility appeal process.
3. **FIRST LEVEL OF APPEAL:** The student will be scheduled for an appeal hearing before an eligibility committee specifically established to hear gender identity appeals. The CIF shall schedule a hearing as expeditiously as possible, but in no case later than five (5) school business days of that member school prior to the first full interscholastic contest that is the subject of the petition, or within a reasonable time thereafter in cases of emergency, including, but not limited to, any unforeseeable late student enrollment. The Gender Identity Eligibility Committee will be comprised of a minimum of three (3) of the following persons one of whom must be from the physician or mental health profession category:
  - A. Physician with experience in gender identity health care and the World Professional Association for Transgender Health (WPATH) Standards of Care.
  - B. Psychiatrist, psychologist or licensed mental health professional familiar with the World Professional Association for Transgender Health (WPATH) Standards of Care.
  - C. School administrator from a non-appealing school
  - D. CIF staff member
  - E. Advocate familiar with Gender Identity and Expression issues
4. **DOCUMENTATION:** The appealing student should provide the Eligibility Committee with the following documentation and information:
  - A. Current transcript and school registration information
  - B. Documentation of student's consistent gender identification (e.g., affirmed written statements from student and/or parent/guardian and /or health care provider)
  - C. Any other pertinent documentation or information
5. **SECOND LEVEL OF APPEAL:** An aggrieved student wishing to appeal the Gender Identity Eligibility Committee decision shall file notice of appeal with the Executive Director of the CIF on or before the tenth (10th) school business day following the date of receipt of the written decision of the Gender Identity Eligibility Committee denying the petition. An appeal to the CIF Executive Director shall require the Executive Director to schedule a hearing to commence on or before the tenth (10th) school business day following the date of receipt of the written notice of appeal. Written notice of the time and place of the hearing shall be delivered to the petitioned appellant in person or by certified mail, with return receipt requested, no later than five (5) school business days of that member school prior to the date of the hearing. When there is confirmation of a student's consistent gender identity, the eligibility committee/CIF Executive Director will affirm the student's eligibility to participate in CIF activities consistent with the student's gender identification. The CIF will facilitate the provision of resources and training for a member school seeking assistance regarding gender identity.

For Additional information on Gender Identity, refer to APPENDIX (located on following page)



## APPENDIX – GENDER IDENTITY

### DEFINITIONS:

For the purposes of this policy, the following definitions apply:

1. **TRANSGENDER PERSON**  
A person whose gender identity does not match the sex assigned to him or her at birth. This cross gender identification is often referred to as gender dysphoria. When the gender dysphoria causes clinically significant distress or impairment, it is sometimes classified as Gender Identity Disorder. A transgender person who is born female-bodied but identifies as male is referred to as a transgender man or a female-to-male transsexual. A transgender person who is born male-bodied but identifies as female is referred to as a transgender woman or a male-to-female transsexual.
2. **INTERSEX PERSON**  
“Intersex” is a general term used to indicate a person born with a reproductive or sexual anatomy and/or chromosome pattern that doesn’t seem to fit the typical definitions of female or male. This may be the result of several different medical conditions involving chromosomal variations, hormonal variations, ambiguous genitalia, and/or an anatomy that includes both male and female characteristics. The medical term for this condition is a Disorder of Sexual Development of “DSD.” “Intersex” is not the same as “transgender,” although some people identify as both intersex and transgender. However, the two groups may face similar situations in needing to change gender designations for the purposes of participation in school activities.
3. **GENDER IDENTITY**  
A person’s deeply-felt internal sense of being male or female.
4. **GENDER EXPRESSION**  
A person’s external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, speech patterns and social interactions.

### CORE VALUES:

The CIF Gender Identity policy has been developed based on the following core values:

- Acknowledging that the CIF policy will likely need to be reviewed and revised to reflect increased medical understanding and evolving societal norms
- Grounding a policy in sound medical practice
- Enacting a policy that will maximize flexibility and privacy with minimal restrictions
- Providing a space for intersex and transgender students to exist and thrive
- Reducing bullying and harassment of students
- Preserving existing practices regarding girls’ participation on boys’ teams as per current CIF policy.
- Recognizing the value of education based athletics for all students
- Emphasizing that participation in education based athletics is not just allowed, but encouraged for all students
- Adhering to California state and federal law regarding gender equity and educational opportunity
- Operating from the presumption that all students will have access to programs and eligibility policies
- Creating a level playing field for all students
- Reducing economic barriers, especially for minority populations
- Addressing the concerns of parents, teachers and coaches through an educational component

# Keep Their Heart in the Game

## A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

### How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING  
is the  
#1 SYMPTOM  
OF A HEART CONDITION**

### What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

### What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



## The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

### Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.  
Gasping, gurgling, snoring, moaning  
or labored breathing noises.  
Seizure-like activity.

### Early Access to 9-1-1



Confirm unresponsiveness.  
Call 9-1-1 and follow emergency  
dispatcher's instructions.  
Call any on-site Emergency Responders.

### Early CPR



Begin cardiopulmonary resuscitation  
(CPR) immediately. Hands-only CPR involves fast  
and continual two-inch chest compressions—  
about 100 per minute.

### Early Defibrillation



Immediately retrieve and use an automated  
external defibrillator (AED) as soon as possible  
to restore the heart to its normal rhythm. Mobile  
AED units have step-by-step instructions for a by-  
stander to use in an emergency situation.

### Early Advanced Care



Emergency Medical Services (EMS)  
Responders begin advanced life support  
including additional resuscitative measures and  
transfer to a hospital.

*Cardiac Chain of Survival Courtesy of Parent Heart Watch*

# Keep Their Heart in the Game

## Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

### Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

### What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation  
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation  
<http://www.epsavealife.org>

CardiacWise (20-minute training video)  
<http://www.sportsafetyinternational.org>





## CIF Concussion Information Sheet

### **Why am I getting this information sheet?**

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.*

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)].

### **What is a concussion and how would I recognize one?**

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

*Most concussions get better with rest and over 90% of athletes fully recover.* However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

*Most concussions occur without being knocked out.* Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

### **What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?**

*Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion.* Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.

## CONCUSSION INFORMATION

### Symptoms may include one or more of the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>● Headaches</li><li>● “Pressure in head”</li><li>● Nausea or vomiting</li><li>● Neck pain</li><li>● Balance problems or dizziness</li><li>● Blurred, double, or fuzzy vision</li><li>● Sensitivity to light or noise</li><li>● Feeling sluggish or slowed down</li><li>● Feeling foggy or groggy</li><li>● Drowsiness</li><li>● Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>● Amnesia</li><li>● “Don’t feel right”</li><li>● Fatigue or low energy</li><li>● Sadness</li><li>● Nervousness or anxiety</li><li>● Irritability</li><li>● More emotional</li><li>● Confusion</li><li>● Concentration or memory problems (forgetting game plays)</li><li>● Repeating the same question/comment</li></ul> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

### What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion shall be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

## CONCUSSION INFORMATION

### If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion shall be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

*“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”*

And

*“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.”*

You should also inform your child’s coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. When in doubt, the athlete sits out.

#### EDUCATION CODE - EDC

TITLE 2. ELEMENTARY AND SECONDARY EDUCATION [33000 - 65001] ( Title 2 enacted by Stats. 1976, Ch. 1010. )

DIVISION 4. INSTRUCTION AND SERVICES [46000 - 65001] ( Division 4 enacted by Stats. 1976, Ch. 1010. )

PART 27. PUPILS [48000 - 49703] ( Part 27 enacted by Stats. 1976, Ch. 1010. )

CHAPTER 9. Pupil and Personnel Health [49400 - 49590] ( Chapter 9 enacted by Stats. 1976, Ch. 1010. )

ARTICLE 5. District Medical Services and Insurance [49470 - 49476] ( Article 5 enacted by Stats. 1976, Ch. 1010. )

49475.

(a) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall comply with both of the following:

(1) An athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health care provider. The athlete shall not be permitted to return to the athletic activity until he or she receives written clearance to return to the athletic activity from a licensed health care provider. If the licensed health care provider determines that the athlete sustained a concussion or a head injury, the athlete shall also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider. The California Interscholastic Federation is urged to work in consultation with the American Academy of Pediatrics and the American Medical Society for Sports Medicine to develop and adopt rules and protocols to implement this paragraph.

(2) On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the athlete and the athlete’s parent or guardian before the athlete initiates practice or competition.

(b) As used in this section, “licensed health care provider” means a licensed health care provider who is trained in the management of concussions and is acting within the scope of his or her practice.

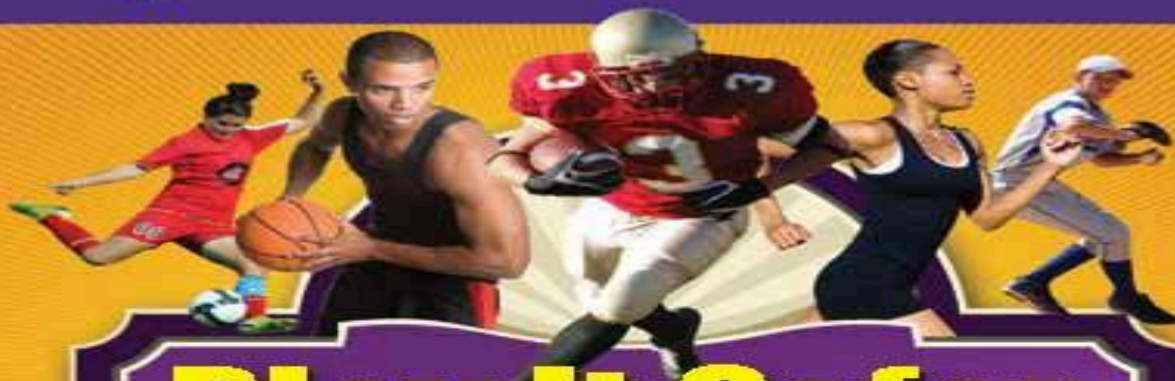
(c) This section does not apply to an athlete engaging in an athletic activity during the regular schoolday or as part of a physical education course required pursuant to subdivision (d) of Section 51220.

(Amended by Stats. 2014, Ch. 165, Sec. 3. (AB 2127) Effective January 1, 2015.)

**For current and up-to-date information on concussions you can go to:**

<http://www.cdc.gov/ConcussionInYouthSports/>

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=EDC&sectionNum=49475.](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC&sectionNum=49475.)



# Play It Safer

## CONCUSSION SAFETY TIPS FOR PARENTS

Most athletes play sports without injury. Sometimes a player may receive a blow to the head but not recognize they have an injury that may require medical attention.

The appearance of any of these symptoms may signify a head injury that requires immediate medical attention. Report to the nearest emergency room or call 911.

- Headache
- Nausea
- Balance problems and dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling "foggy"
- Change in sleep pattern
- Difficulty remembering recent events
- Change in personality or increased irritability
- Difficulty concentrating
- May experience initial improvement followed by worsening symptoms. *Symptoms may worsen with exertion.*

## HEAT ILLNESS PREVENT TIPS : BEAT THE HEAT

**Drink Up.** Drink plenty of fluids before practice. To be properly hydrated your urine should be a light color, like weak lemonade. If it is dark like apple juice you are NOT hydrated.

**Allow your body time.** Your body will adapt to the hot summer heat, but it will take up to 14 days. Start off slowly and increase practice intensity and duration over the first two weeks of training. Start slowly.

**Have fluids close within arm's reach.** Fluids should be easily accessible during workouts, practice and games. Drink often. Take fluid breaks on a regular schedule and drink at least 7-10 oz every 10-20 minutes.

**Drink it – Don't pour it!** While it might feel good to pour fluid over your head, it won't help restore body fluids or lower body temperature.

**CIF - Santa Rosa City School District**  
**Code of Conduct for Interscholastic Student-Athletes**

*Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:*

**TRUSTWORTHINESS**

1. **Trustworthiness**-- be worthy of trust in all I do.  
**Integrity**—live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.  
**Honesty**—live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.  
**Reliability**—fulfill commitments; do what I say I will do; be on time to practices and games.  
**Loyalty**—be loyal to my school and team; put the team above personal glory.

**RESPECT**

2. **Respect**-- treat all people with respect all the time and require the same of other student-athletes.
3. **Class** -- live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. **Disrespectful Conduct** -- do not engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. **Respect Officials** -- treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

**RESPONSIBILITY**

6. **Importance of Education** ~ be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. **Role-Modeling** -- Remember, participation in sports is a privilege, not a fight and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration.
8. **Self-Control** -- exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
9. **Healthy Lifestyle** -- safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
10. **Integrity of the Game** -- protect the integrity of the game; don't gamble. Play the game according to the rules.

**FAIRNESS**

11. **Be Fair** -- live up to high standards of fair play; be open-minded; always be willing to listen and learn.

**CARING**

12. **Concern for Others** -- demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to others or myself.
13. **Teammates** -- help promote the well being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

**CITIZENSHIP**

14. **Play by the Rules** ~ maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. **Spirit of Rules** ~ honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship

**SANTA ROSA CITY SCHOOLS LEAGUE, NORTH VALLEY LEAGUE & WEST COUNTY LEAGUE  
MIDDLE SCHOOL ATHLETICS CODE OF ETHICS FOR PARENTS AND ATHLETES**

The role of the parent/guardian in the education of a student is vital. The support shown in the home is often manifested in the ability of a student to accept the opportunities presented at the school. **Referees, Athletic Directors and School Administration may remove any spectator they feel is threatening, unduly negative, or hostile and creating a threatening environment.**

**There is a value system - established in the school, and nurtured in the school - that young people are developing.** Their involvement in the classroom and other activities contributes to that development. Trustworthiness, citizenship, caring, fairness, and respect are some of the lifetime values taught through athletics. These are the principles of good sportsmanship and character. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relationships and graceful acceptance of results.

You can have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child and our community for the years to come. In the end, sports are played just a game. It is a place where we allow others the opportunity to challenge themselves to improve their skills, motivate themselves to excel, learn more about themselves and develop life skills.

It is the duty of all concerned with middle school athletics to emphasize the proper ideals of sportsmanship, ethical conduct and fair play. Athletes and parents are expected to respect the integrity and judgment of officials, to show courtesy to visiting teams, and to recognize that an athletic contest is only a game, the purpose of which is to promote the physical, mental, moral, social and emotional well-being of the individual athletes.

Please read the specific behavior guidelines established below for parents and athletes. Your signature on page 14 signifies your willingness to respect and abide by the CIF "**Code of Ethics.**"

**ATHLETES' CODE**

1. I will emphasize the proper ideals of sportsmanship, ethical conduct and fair play.
2. I will show courtesy to visiting teams and officials.
3. I will understand thoroughly the rules of the game.
4. I will remember that an athletic contest is only a game.
5. I will refrain from the use of drugs and alcohol.
6. I will give complete allegiance to my coach, who is the sole instructional authority for my team. I will discourage fans, fellow students and parents from undercutting my coach's authority.
7. I will refrain from criticism of my teammates.
8. I will refrain from any activity that may incite spectators.
9. I will not engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.

**INFRACTIONS OF THE ABOVE WILL JEOPARDIZE YOUR ATHLETIC ELIGIBILITY.**

(Signature confirming you will comply with above on page 15)

**PARENTS' CODE**

1. I will emphasize the proper ideals of sportsmanship, ethical conduct and fair play.
2. I will remember that an athletic contest is only a game.
3. I will show courtesy to visiting teams and officials.
4. I will not criticize officials, direct abuse or profane language toward them or otherwise undermine their authority.
5. I will not indulge in criticism that would undermine the authority of the coach. I will direct all of my criticism to the proper school administrative authority.
6. I will keep a positive outlook on the school's athletic program. Constructive criticism for the program will be directed to the athletic director and/or the school administration.
7. I will not enter onto the field or court, stand on the sidelines, or yell from the bleachers to the coach. I will not provide instructions for my son/daughter or other members of the team.

**INFRACTIONS OF THE ABOVE WILL JEOPARDIZE YOUR ATTENDANCE AT FUTURE MIDDLE SCHOOL ATHLETIC CONTESTS.**

(Signature confirming you will comply with above on page 15)

## **PROCEDURE FOR MAKING A COMPLAINT AGAINST A COACH**

***Please note: All letters of complaint first made to the Santa Rosa City School District Office will be automatically sent back to the school level for the athletic director and/or principal' s attention.***

If a problem arises concerning a member of the coaching staff regarding personal behavior, ethics, coaching practices or philosophy, a student or parent/guardian should follow the following procedure.

1. Every effort should be made to resolve a complaint at the earliest possible stage. The complainant should communicate directly to the coach in order to resolve concerns. It is recommended that the student approach the coach first in a respectful manner, before the parent/guardian intervenes. If for any reason the student does not feel comfortable communicating with the coach on the issue, the parent/guardian should approach the coach and discuss it with him/her. Please do not berate or abuse the coach at any time. If no agreement can be reached that is mutually agreed upon by both parties, proceed to step #2.
2. If a complaint is unable or unwilling to resolve the complaint directly with the coach, he/she may submit an oral or written complaint to the athletic director. Complaints must be submitted within a reasonable period of time not to exceed three months from the event giving rise to the complaint.
3. If a complaint is not resolved with the athletic director, it may then go to the principal for further action toward resolution. All complaints related to district personnel other than administrators shall be submitted in writing to the principal or immediate supervisor.

**NOTE: For more information on the complaint process, see AR 1312.1 in the SRCS Board Policies.**

## INSURANCE INFORMATION

Revised 4/2024

California State Education Code Section 32221.5

“Under state law, school districts are required to ensure members of school athletic teams have accidental injury insurance that covers medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

1. A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000) with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.
2. Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand, five hundred dollars (\$1,500).
3. At least one thousand, five hundred dollars (\$1,500) for all such medical and hospital expenses.

This insurance requirement can be met by the school district offering school insurance or other health benefits that cover medical and hospital expenses.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health coverage provided for him/her in any other way or manner, including, but not limited to, purchase by himself/herself or by the parent/guardian. This would include personal or family insurance.

Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-427-8982.”

Possible no-cost or low-cost local, state, or federally sponsored health insurance programs are as follows:

- Partnership HealthPlan of CA (have customer ID available) – 1 (800) 863-4155  
<https://www.partnershiphp.org/Members/Medi-Cal/Pages/Find-a-Primary-Care-Provider.aspx>
- CA Healthy Families (SCHIP): 1-800-880-5305 <https://www.benefits.gov/benefit/1596>
- Myers – Stevens & Toohey & Company Inc.: 1 (800) 827-4695
- Kaiser Permanente: 1-800-464-4000 (press 4 for customer service, have customer ID available)
- Santa Rosa Community Health Center: (707) 547-3030 <https://srhealth.org/costs-insurance/get-help-with-costs/>
- St. Joseph Health - Sonoma County: (707) 778-1111
- Sutter Family Practice Center (Sutter Walk In Care): 1 (800) 972-5547
- Covered CA: <https://www.coveredca.com/>

## PHYSICAL EXAMINATION INFORMATION

**All students wanting to participate in the Santa Rosa City School District Athletic Program must have a completed physical examination that has been administered by a Medical Doctor (MD), Registered Nurse (RN) or Doctor of Osteopathy. We cannot accept a physical administered by a Chiropractor.**



**Attach the Physician’s Official Student Physical Examination Certification. This certification must be written on the Physician’s Letterhead and stapled to the form. Be sure the physical examination is dated after June 1 of the current school year.**

They are also required to turn in a completed Student Application, Parent Permission and Physician’s Statement of Student Certification Form to the Athletic Director.

The physical examination must be dated June 1 or later for the current school year. The physical examination is good until July 1 of the same school year. (i.e., Physical exam for the 2024-2025 school year is good until July 1, 2025.)

The physical examination may be administered by a Medical Doctor, Nurse Practitioner or Osteopath.

**NOTE:** If you are on record as having a physical after June 1, 2024 for this school year (2024-25) and participated in a sport, your physical is on record and good for the rest of the school year.



**(GIVE THIS FORM TO THE ATHLETIC DIRECTOR)**

**VERIFICATION OF RECEIVING, READING AND UNDERSTANDING FORM**

**(PLEASE SIGN AT THE BOTTOM OF THE PAGE AND GIVE TO THE ATHLETIC DIRECTOR)**

1. Cover Page – Santa Rosa City Schools Student Athletic Clearance Packet – Page 1
2. Middle School Athletic Organization – Page 2
3. Santa Rosa City School District Notice of Serious, Catastrophic and Perhaps Fatal Accidents - Page 3
4. Santa Rosa City School District Academic Requirements for Extra-Curricular Activities - Page 3
5. Citizenship Standards and Serious Infractions – Page 4
6. Hazing & Anabolic Steroids – Page 5
7. Athletics & Gender Identity - Pages 6 & 7
8. Sudden Cardiac Arrest Information – Pages 8 & 9
9. Concussion Information – Pages 10 - 12
10. CIF Code of Conduct for Interscholastic Student-Athletes - Page 14
11. Middle School Athletics Code of Ethics for Parents and Athletes – Page 15
12. Procedure for Making a Complaint Against Coaches - Page 16
13. Insurance Information & Physical Examination Information – Page 17
14. Heat Illness Information - Page 28

**I have received, read and understand the following sections that have been included in the Santa Rosa City School District Student Clearance Packet.**

_____ <b>Student- Athlete Name (Print)</b>		_____ <b>Student- Athlete Signature</b>	_____ <b>Date</b>
_____ <b>Parent/Guardian Name (Print)</b>		_____ <b>Parent/Guardian Signature</b>	_____ <b>Date</b>

**(GIVE THIS FORM TO THE ATHLETIC DIRECTOR)**



## Social Media Agreement

Social media can be a useful tool to communicate with teammates, fans, friends, coaches and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, tweet, status, or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

Recognizing the above:

\_\_\_\_\_ I will take responsibility for my online profile, including my posts and any photos, videos or other recordings posted by others in which I appear.

\_\_\_\_\_ I will not degrade my opponents before, during, or after games.

\_\_\_\_\_ I will post only positive things.

\_\_\_\_\_ I will use social media to purposefully promote abilities, team, community and social values.

\_\_\_\_\_ I will consider “what is the me I want to see?” before I post anything online.

\_\_\_\_\_ I will ignore any negative comments about me any will not retaliate.

\_\_\_\_\_ If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain, or a coach.

\_\_\_\_\_ I am aware that I represent my sport(s), school, team, family and community at all times, and will do so in a positive manner.



**INFRACTIONS OF THE ABOVE WILL JEOPARDIZE YOUR ATHLETIC ELIGIBILITY**

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## **Athletic Training Department Assumption of Risk and Waiver of Liability Relating to COVID-19**

I understand that those participating in interscholastic athletics are at a higher risk of exposure to the COVID-19 virus due to the lack of social distancing, shared equipment, and ventilation. In order for student-athletes to participate in interscholastic athletics they are required to read and sign the following Assumption of Risk and Liability Waiver.

- 1. I understand that COVID-19 is extremely contagious and has been declared a worldwide pandemic by the World Health Organization**
- 2. I understand that by participating in sports/conditioning classes and utilizing the facilities associated with them, I may knowingly or unknowingly transmit the virus to my family, friends, teammates, and/or others I may come into contact with. This may include young children, elderly persons, and/or those with pre-existing conditions that place them at higher risk for the virus.**
- 3. I understand that there is an increased risk of exposure to the virus by participating in competitive events with other schools, both in and out of conference. The risk of exposure also exists during travel to and from any and all away games.**
- 4. I understand that while every attempt is made to minimize chances of exposure, there are no guarantees that can be made.**

To do my part to limit the exposure to and/or transmission of COVID-19, to myself and those around me, I agree to adhere to the recommendations of the CDC including:

- **Proper general hygiene (<https://www.cdc.gov/respiratory-viruses/prevention/hygiene.html>)**
- **Proper handwashing techniques ([https://www.cdc.gov/clean-hands/about/?CDC\\_AAref\\_Val=https://www.cdc.gov/handwashing/when-how-handwashing.html](https://www.cdc.gov/clean-hands/about/?CDC_AAref_Val=https://www.cdc.gov/handwashing/when-how-handwashing.html))**
- **Use of hand sanitizer when handwashing is unavailable**
- **Proper use of personal protective equipment (gloves, masks, and/or eye protection)**
- **Not sharing any personal items (towels, soap, brushes, clothes, water bottles, make up, lip balm, etc.).**

**I will report any confirmed COVID cases to the athletic training department.**

I voluntarily agree to assume all risks and accept sole responsibility for any injury and/or illness to myself. I hereby release, covenant not to sue, discharge, and hold harmless Santa Rosa City Schools, their officers, officials, agents, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers (“Releasees”), with respect to any and all injury, illness, disability, loss or damage to person or property, expenses, and/or death arising out of or relating to COVID-19. I understand this release includes any claims based on the actions, omissions, or negligence of the Releasees, and whether a COVID-19 infection occurs before, during or after my participation. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

**Student-Athlete Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Student-Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(GIVE THIS FORM TO THE ATHLETIC DIRECTOR)**

**STUDENT APPLICATION FORM**

Student Name (Print) \_\_\_\_\_ School \_\_\_\_\_

Grade: 7 8 ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: M/Y \_\_\_\_\_

Sports(s): Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_

7 <sup>th</sup> & 8 <sup>th</sup> Grade Girls Basketball Boys & Girls Cross Country	Wrestling 7 <sup>th</sup> & 8 <sup>th</sup> Grade Boys Basketball Girls Volleyball	Track & Field Girls and Boys
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 **Student Signature** \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT PERMISSION FORM**

**(This section is to be completed by the parent/guardian)**

I hereby give my consent for the above named student: 1) to represent his/her school in all athletic activities and participate in all California Interscholastic Federation approved sports except: \_\_\_\_\_;  
(See page 2 of this packet - Athletic Teams Sanctioned) 2) to accompany any team of which he/she is a member on its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel; 3) I further waive, release, and discharge the Santa Rosa City School District from any claims, demands, obligations or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction in said activity or any activity that is incidental thereto.

 **Parent/Guardian Signature** \_\_\_\_\_ Date: \_\_\_\_\_

 **PHYSICIAN'S STATEMENT OF STUDENT CERTIFICATION**

**Attach physician's official student certification form to this document. The form must be on Office Letterhead and sign by a Medical Doctor (MD, Registered Nurse (RN) or a Doctor of Osteopathy (DO). Be sure the physical examination is dated after June 1 of the current school year.**

**(GIVE THIS FORM TO THE ATHLETIC DIRECTOR)**

**ATHLETIC INSURANCE INFORMATION STATEMENT**

**Student-Athlete's Name** \_\_\_\_\_

I have sent a check for accident insurance as indicated below in order to meet the requirements of the California Law (Code Section 32221)

(3 Check the appropriate response)

School Time Insurance (Covers sports other than football.)

Full Time Insurance (Covers sports other than football).

**OR**

I have health or accident insurance for my daughter/ son which meet the requirements of California Law (Code Section 32221) and elect not to purchase student insurance (**Must list company name and policy or group number below**).

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Policy or Group Number**

I will promptly notify the school in the event insurance coverage no longer applies to my student.

→ **Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**EMERGENCY PROCEDURE / DISASTER AUTHORIZATION**

Athlete's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Sport(s) to be played this year: \_\_\_\_\_

In case of emergency, disaster, illness or accident to the above mentioned student-athlete, the coach is authorized to contact and release to the following contacts in the order indicated:

	PHONE # 1	PHONE # 2
First Contact Choice Name	1.	2.
First Contact Choice Address		
Second Contact Choice Name	1.	2.
Second Contact Choice Address		

**Family Physician (Name)** \_\_\_\_\_ **Phone** \_\_\_\_\_

Check the medical emergencies that need to be brought to the attention of the coach:

\_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Problems \_\_\_\_\_ Multiple Concussions \_\_\_\_\_

Bee Stings \_\_\_\_\_ Joint Problems \_\_\_\_\_ Anemia \_\_\_\_\_ Heart Murmur \_\_\_\_\_ Seizures \_\_\_\_\_ Dislocations \_\_\_\_\_

Other medical conditions to be aware of: \_\_\_\_\_

→ **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OPTIONAL EMERGENCY TREATMENT AUTHORIZATION**

To: Physician or Emergency Personnel: I give permission for emergency medical treatment of \_\_\_\_\_, if I am unavailable.

→ **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(GIVE THIS FORM TO THE ATHLETIC DIRECTOR)**

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

**■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)**  
**PHYSICAL EXAMINATION FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**PHYSICIAN REMINDERS**

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.  
 Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

**PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)**

**HISTORY FORM**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one):  Y  N  
 Have you been immunized for COVID-19? (check one):  Y  N If yes, have you had:  One shot  Two shots  
 Three shots  Booster date(s) \_\_\_\_\_  
 List past and current medical conditions. \_\_\_\_\_  
 \_\_\_\_\_  
 Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_  
 \_\_\_\_\_  
 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			



Este formulario debe colocarse en el expediente médico del atleta y no debe compartirse con escuelas u organizaciones deportivas. El formulario de elegibilidad médica es el único formulario que debe enviarse a una escuela u organización deportiva.  
 Aviso legal: Los atletas que tengan una evaluación física de preparticipación vigente en el archivo (según los lineamientos generales estatales y locales) no necesitan completar otro formulario de antecedentes.

**EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN (orientación provisional)**  
**FORMULARIO DE HISTORIAL CLÍNICO**

Nota: Complete y firme este formulario (con la supervisión de sus padres si es menor de 18 años) antes de acudir a su cita.

Nombre: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Fecha del examen médico: \_\_\_\_\_ Deporte(s): \_\_\_\_\_

Sexo que se le asignó al nacer (F, M o intersexual): \_\_\_\_\_ ¿Con cuál género se identifica? (F, M u otro): \_\_\_\_\_

¿Ha tenido COVID-19? (elijá una opción)  Sí  No  
 ¿Ha recibido la vacuna contra el COVID-19? (elijá una opción):  Sí  No Si la respuesta es sí, usted recibió:  Una dosis  Dos dosis  
 Tres dosis  Fecha de la dosis de refuerzo \_\_\_\_\_  
 Mencione los padecimientos médicos pasados y actuales que haya tenido. \_\_\_\_\_

¿Alguna vez se le practicó una cirugía? Si la respuesta es afirmativa, haga una lista de todas sus cirugías previas. \_\_\_\_\_

Medicamentos y suplementos: Enumere todos los medicamentos recetados, medicamentos de venta libre y suplementos (herbolarios y nutricionales) que consume. \_\_\_\_\_

¿Sufre de algún tipo de alergia? Si la respuesta es afirmativa, haga una lista de todas sus alergias (por ejemplo, a algún medicamento, al polen, a los alimentos, a las picaduras de insectos).  
 \_\_\_\_\_

Questionario sobre la salud del paciente versión 4 (PHQ-4)  
 Durante las últimas dos semanas, ¿con qué frecuencia experimentó alguno de los siguientes problemas de salud? (Encierre en un círculo la respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
Se siente nervioso, ansioso o inquieto	0	1	2	3
No es capaz de detener o controlar la preocupación	0	1	2	3
Siente poco interés o satisfacción por hacer cosas	0	1	2	3
Se siente triste, deprimido o desesperado	0	1	2	3

(Una suma  $\geq 3$  se considera positiva en cualquiera de las subescalas, [preguntas 1 y 2 o preguntas 3 y 4] a fin de obtener un diagnóstico).

PREGUNTAS GENERALES		Sí	No
<i>(Dé una explicación para las preguntas en las que contestó "Sí", en la parte final de este formulario. Encierre en un círculo las preguntas si no sabe la respuesta).</i>			
1. ¿Tiene alguna preocupación que le gustaría discutir con su proveedor de servicios médicos?			
2. ¿Alguna vez un proveedor de servicios médicos le prohibió o restringió practicar deportes por algún motivo?			
3. ¿Padece algún problema médico o enfermedad reciente?			
PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR		Sí	No
4. ¿Alguna vez se desmayó o estuvo a punto de desmayarse mientras hacía, o después de hacer, ejercicio?			

PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR (CONTINUACIÓN)			Sí	No
5. ¿Alguna vez sintió molestias, dolor, compresión o presión en el pecho mientras hacía ejercicio?				
6. ¿Alguna vez sintió que su corazón se aceleraba, palpitaba en su pecho o latía intermitentemente (con latidos irregulares) mientras hacía ejercicio?				
7. ¿Alguna vez un médico le dijo que tiene problemas cardíacos?				
8. ¿Alguna vez un médico le pidió que se hiciera un examen del corazón? Por ejemplo, electrocardiografía (ECG) o ecocardiografía.				
9. Cuando hace ejercicio, ¿se siente mareado o siente que le falta el aire más que a sus amigos?				
10. ¿Alguna vez tuvo convulsiones?				

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_

- Not medically eligible pending further evaluation
Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_

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## Parent/Student CIF Heat Illness Information Sheet



### **WHY AM I GETTING THIS INFORMATION SHEET?**

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *CIF rules require a student athlete, who has been removed from practice or play after displaying signs and symptoms associated with heat illness, must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### **WHAT IS HEAT ILLNESS AND HOW WOULD I RECOGNIZE IT?**

Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.

Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.

Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other "natural" stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

**PREVENTION** There are several ways to try to prevent heat illness:

#### **ADEQUATE HYDRATION**

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

#### **GRADUAL ACCLIMATIZATION**

Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully equipped).

#### **ADDITIONAL PREVENTION MEASURES**

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

A **FREE** online course "Heat Illness Prevention" is available through the CIF and NFHS at <https://nfhslearn.com/courses/61140/heat-illness-prevention>.



Parent/Student CIF Heat Illness Information Sheet



**HEAT EXHAUSTION**

Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated core body temperature between 97 and 104 degrees Fahrenheit.

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

**TREATMENT OF HEAT EXHAUSTION**

Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, ice bath or ice packs. Fluid replacement should occur as soon as possible. The Emergency Medical System (EMS) should be activated if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

**HEAT STROKE**

Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a core body temperature greater than 107 degrees Fahrenheit. **Signs observed by teammates, parents, and coaches include:**

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

**TREATMENT OF HEAT STROKE**

**This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.**

Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

**FINAL THOUGHTS FOR PARENTS AND GUARDIANS**

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about preventative measures and potential signs and symptoms of heat illness that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

\_\_\_\_\_  
Student-Athlete Name  
*Printed*

\_\_\_\_\_  
Student-Athlete  
*Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name  
*Printed*

\_\_\_\_\_  
Parent or Legal Guardian  
*Signature*

\_\_\_\_\_  
Date